



Client Profile & Engagement Form

Contact Information	
Company Name	Telephone Number () - Ext.
Contact Name & Title	Fax Number () -
Mailing Address	Mobile Phone () -
Address Line 2	E-mail Address
City/State/Zip	Website
Who is your point of contact at CMBOC/CMBDC? (Leave blank if not applicable)	
How did you hear about CMBOC/CMBDC?	
What type of assistance are you looking for? Please be specific. If you are seeking financing include the amount and intended use of the funds.	
Demographic Information	
Ethnicity of Majority Business Ownership <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American, Eskimo and Aleut <input type="checkbox"/> Other Is your company a <u>certified</u> Minority Owned Enterprise (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender of Majority Business Ownership <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50) Is your company a <u>certified</u> Woman Owned Enterprise (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Information	
Date Established	Does your business have a written business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Employer Identification Number (FEIN)	
What is your current business status? <input type="checkbox"/> Pre-venture <input type="checkbox"/> Start-up (generated revenue for 3 years or less) <input type="checkbox"/> Established (generated revenue for more than 3 years)	What industry best describes your business? <input type="checkbox"/> Bio-Tech <input type="checkbox"/> Construction <input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Manufacturer – Food Products <input type="checkbox"/> Media/Publishing <input type="checkbox"/> Research & Development <input type="checkbox"/> Retail <input type="checkbox"/> Other
Please check all that apply to you and your business. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Family-Owned <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Privately-Held <input type="checkbox"/> Publicly-Held	<input type="checkbox"/> Service <input type="checkbox"/> Service – Daycare <input type="checkbox"/> Service – Financial, Insurance <input type="checkbox"/> Service – Food Prep, Catering, Restaurant <input type="checkbox"/> Service – Healthcare <input type="checkbox"/> Service – Real Estate <input type="checkbox"/> Service – Salon, Spa <input type="checkbox"/> Technology <input type="checkbox"/> Wholesale/Distributor
In what state is your company incorporated?	Please describe your product or service.
How many employees does your company have (including you)? (Leave blank if not yet in business) _____ Full-time Employees _____ Part-time Employees	
What is your current revenue range? (Leave blank if not yet in business)	

Questions? Call us at 312 755 8880

Please fax or e-mail your completed form to the Chicago Minority Business Opportunity Center at 312 755 8891 or msutton@cmbdc.org.

Operated by the Chicago Minority Business Development Council
 Funded by the Minority Business Development Agency, U.S. Department of Commerce



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- | | |
|--|--|
| <input type="checkbox"/> \$1 - \$249,999 | <input type="checkbox"/> \$1,000,000 - \$1,999,999 |
| <input type="checkbox"/> \$250,000 - \$499,999 | <input type="checkbox"/> \$2,000,000 - \$4,999,999 |
| <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> Over \$5,000,000 |

Financing, Sales History (optional)

How is your business financed? Please check all that apply.

Debt

- Business Loan (Commercial Bank)
- Business Loan (Micro-Lender)
- Personal Loan
- Finance Company
- Line of Credit
- Credit Card
- Insurance Company
- Factoring Company

Equity

- Yourself, Friends and Family
- Angel/VC Investors
- Public Stock
- Retained Earnings
- Government Grants
- Employees (Stock Ownership Plans)
- Other, please specify

In the last fiscal year, was your business ... ?

- Profitable
- Break-even
- Operating at a loss

What are the dollar amounts of your three largest contracts?

\$ _____
\$ _____
\$ _____

CLIENT and CMBOC agree to the following:

- 1) The number of hours that the requested service(s) required by the CLIENT is estimated at: _____
- 2) CLIENT agrees to hold harmless CMBOC/CMBDC from any and all actions taken by CLIENT without full knowledge and agreement of CMBOC/CMBDC and agrees to provide all information related to and applicable to the proposed work
- 3) CMBOC agrees to keep confidential any information provided by the client unless otherwise directed by the CLIENT or their authorized representative.

By signing below I acknowledge that the information I have provided on this profile form are true and accurate to the best of my knowledge and that the CMBOC will provide the services requested above:

Client Signature	Print Name	Date
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CMBOC Signature	Print Name	Date
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Please note that CMBDC will not sell your information to other companies. However, in order for us to offer low or no cost services we are required to report to our funding sources general information about the companies we serve. We do not give them proprietary information, details pertaining to operations, and/or trade secrets.

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Chicago



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PHOENIX DATABASE MINORITY ENTERPRISE CERTIFICATION

"I certify that I represent a Minority Business Enterprise. MBDA defines a Minority Business Enterprise as a business which is owned or controlled by socially or economically disadvantaged persons who are members of one of the following eligible groups: African Americans, Aleuts, Asian Indians, Asian Pacific Americans, Eskimos, Hasidic Jews, Native Americans, Puerto Ricans, and other Spanish-Speaking Americans. I understand that false certification may result in a fine or imprisonment under applicable Federal law."

Signature

Print Name

Date

PRIVACY NOTICE

The information entered in this database will be used to assist your firm with marketing and procurement opportunity matching services. The purpose for collecting this information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will be available to the general public. In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority businesses. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

Signature

Print Name

Date

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